2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99585

FURY CORPORATION

Principal Place of Business

Mailing Address

201 FRONT ST BLDG 21, SUITE 109

P.O. BOX 6446

KEY WEST FL 33041-6446

FILED Mar 09, 2001 8:00 am Secretary of State

03-09-2001 90001 001 *1,050.00

KEY WEST FL 33041-6446			NET WEST TE SOOT OFFI									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS SF	PACE		
City & State			City & State			4. F	05 0254500				plied For t Applicable	
Zip Country 6. Name and Address of Current Reg			Zip	Country			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
			7. N	Name and Ad	dress of New R	egistered Ag	gent		1			
_					Name							
NORQUOY, PETER 1622 LAIRD KEY WEST FL 33040					Street Address (P.O. Box Number is Not Acceptable)							
		55.5			City				FL	Zip Code	 e	
SIGNATURE		submits this statement for						the State of Flo				
	Signature, typed	or printed name of registered agent a	nd title if applicable. (N	NOTE: Registere	d Agent signature re	equired when re	einstating)		DATE			
	equirement a	ble to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta					n Campaign Fin und Contribution		\$5.0 Added	0 May Be to Fees	
11. OFFICERS AND DIRECTORS						AD	DITIONS/CH	ANGES TO OFF	ICERS AND D	DIRECTORS	3 IN 11	١.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORQUO 1622 LAIR KEY WES		☐ Delete							☐ Change	Addition	E034 (10/00)
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR